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PTO/SB/21 (05-00)  
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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/910,466
		Filing Date	July 19, 2001
		First Named Inventor	Andrei W. KONRADI
		Group Art Unit	1624
		Examiner Name	T. Truong
Total Number of Pages in This Submission	23	Attorney Docket Number	428372001800

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### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form + duplicate for fee processing (2 pages)	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached (Check for \$950.00)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply (18 pages)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request (1 page)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address (1 page)	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	1. Return postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 – 1 page		
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

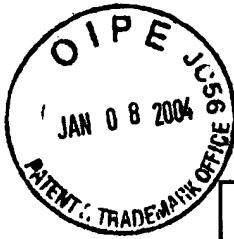
Firm or Individual Name	SWISS LAW GROUP	38706
Signature		
Date	January 8, 2004	

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail Label No. EU 633725882 US in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Dated: January 8, 2004

Signature:

Lisa K. Small



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# FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 950.00)

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  Other  None  
 Deposit Account

Deposit Account Number **50-2859**

Deposit Account Name

The Commissioner is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
<b>SUBTOTAL (1)</b> (\$ 0.00)					

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

		Extra Claims	Fee from below	Fee Paid
Total Claims	27	-29** =	0 x 18.00 =	0.00
Independent Claims	3	-3** =	0 x 86.00 =	0.00
Multiple Dependent			290.00 =	0.00

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b> (\$ 0.00)				

\*\*or number previously paid, if greater; For Reissues, see above

**Complete if Known**

Application Number	09/910,466
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First Named Inventor	Andr i W. KONRADI
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Group Art Unit	1624
Attorney Docket No.	428372001800

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	E xtension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	P etition to institute a public use proceeding	
1452	110	2452	55	P etition to revive - unavoidable	
1453	1,330	2453	665	P etition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	P etitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37CFR 1.129(b))	
1801	770	2801	385	R equest for Continued Examination (RCE)	
1802	900	1802	900	R equest for expedited examination of a design application	
Other fee (specify)					
*Reduced by Basic Filing Fee Paid				<b>SUBTOTAL (3)</b> (\$ 950.00)	

\*\*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY			Complete (if applicable)		
Name (Print/Type)	Carol A. Stratford, Ph.D.	Registration No. (Attorney/Agent)	34,444	Telephone	(650) 856-3700
Signature	<i>Carol A. Stratford</i>			Date	January 8, 2004